Post partum Depression

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Background

- Pregnancy and childbirth can impact the health of reproductive age woman especially when there are complications with the mother, infant or both
- Perinatal depression (PD) is one of the most common complications of pregnancy and affects as many as one in seven woman [American College of Obstetricians and Gynecologists (ACOG) Committee on Obstetric Practice, 2015].
- PD is under-diagnosed and under-treated, which can lead to catastrophic maternal and infant outcomes.
- Healthcare providers have the ideal opportunity in the Perinatal period to screen for, and refer for care of depression and anxiety.
- Currently at our hospital in Florida, Post partum depression (PPD) screening is completed prior to discharge, using the Edinburgh Postnatal depression scale (EPDS)
- Local community has identified the need for more resources and increased awareness of depression. There are few mental health providers and limited support available in the region.

Team

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Methods

Based on both national and locally obtained data a gap was noted in the assessment and referral resources for depression, especially postpartum depression.

- At the hospital an interdisciplinary project team was formed consisting of nurses, physician, mental health professionals and support staff with an end goal of addressing this gap.
- The team determined to take a 2 fold approach: 1) sensitization through education and 2) increased ease of access to mental health resources.
- Obtained initial buy-in from major stakeholders including: Hospital & Nursing Administration, Maternity Nursing staff, OB/GYN & Pediatric physicians and Behavioral Health staff.

Education:

- Knowledge assess (pre-test) given to all hospital Maternity Nurses; required viewing of Safety Action Series: Maternal Mental Health: Enhancing Screening ad Better Practices (ACOG,2016); follow up post-test to determine knowledge retention (see Figure 1.)
- Presentation related to diagnosis & treatment of ppd to all Ob/GYN and Pediatric physicians their monthly staff meeting.
- An educational program was developed and implemented for the office staff of all hospital Obstetrician and Pediatricians, to enhance MH referrals
- An educational packet was created for individual & family use including information on dealing with symptoms of depression and resources for emergent & long term care.
- After delivery, the postpartum screening was continued in hospital using the EPDS scale.
- Postpartum depression screening using the PHQ9 depression self-assessment tool was initiated in the hospital obstetric and pediatric offices.
- Presentations related to symptom-management and treatment resources will be made available to community and professional groups

Access

- Planned integration of mothers with PPD into existing Intensive Outpatient (IOP) Mental Health Depression Clinic.
- Initiated an internal protocol for universal screening approaches, providing telephone support and validation by Behavioral Health professionals.
- Initiated a "warm handoff" process of prospective patients to mental health professionals.
- To ease access for new mothers a nursery-type facility was established within the IOP area (e.g:crib, changing table, diapers, lactation pump, rocking chair). (see Figure 2)
- Self-report depression scale was initiated in all hospital Obstetric & Pediatric physician's offices accompanied by prepared Postpartum Depression Educational packet containing list of available mental health (MH) resources

This is an on-going project that utilizes a defined process of screening, referral, education and support while helping to de-stigmatize, educate, support families and identify barriers to engage women to talk about perinatal mood disorders.

Outcomes

- **A total of 23 RNs completed pre-test, Safe Action Series modules and post-test. There was a significant (+30%) increase in knowledge at the post-test period. Qualitative comments reflect a significant rise in awareness of depression symptoms and outcomes.**
- **Over 400 educational packets have been distributed through physician's offices; lists of MH resources are included in each.**
- **Two** presentations related to symptom-management and treatment resources made to community and 6 presentations to professional groups in the Pensacola area.
- **144 EPDS administered to newly delivered moms in the 2nd quarter of 2017 and 13 were considered aberrant and were referred to hospital Obstetricians who refer for MH follow up as needed.**
- **391 PHQ9 were administered during the 10 month data collection; 33 were high enough to indicate depression; educational information about depression was given and the "warm hand off" to hospital IOP/BH was initiated.**
- **Dyad's opinion that our population were declined access to IOP and BH services due to insurance barriers and transportation issues. Several patients were referred to community MH providers and others received prescription medication for depression/anxiety from their obstetric providers.**

Figure 1

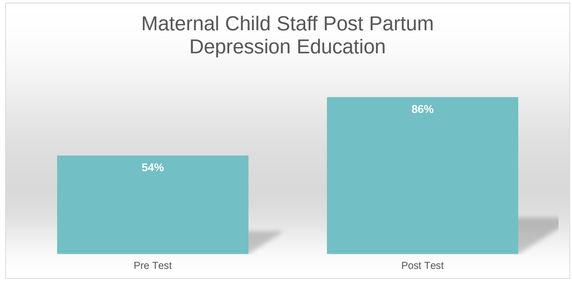

Figure 2
Breastfeeding/ Nursery Care Area

Conclusion

We are encouraged that awareness of PPD has been raised in the community through both lay and professional groups and the staff have retained knowledge from educational offerings.
We will continue PPD screening in the Obstetric and Pediatric offices and maternal child staff will maintain screening in labor and delivery.
Striving to normalize perinatal mental health, engage patients and families in recognizing signs and symptoms of PD and provide resources for them. We will continue to perfect the "soft" transition of depressed mothers into appropriate mental health care, share our program with other community facilities and healthcare teams, as well as continue to improve outcomes for mothers, babies and families.

MOVING FORWARD

- **Continue education of maternal child staff and integrate education as annual requirement.**
- **Continue education of hospital obstetric and pediatric office staff to maintain PPD screening at initial obstetric visit, 3rd trimester and postpartum.**
- **Continue to define and improve referral and treatment of PPD for maternal patients.**
- **Continue to add to our existing network of MH resources for our clients and providers.**
- **Share and collaborate with other community facilities/committees our program to enable replication.**

Leadership Journey

Inspired A Shared Vision
- **Team came to understand the impact we were making for our mothers, babies and families.**

Challenge The Process
- **100% buy in from hospital staff, office staff and providers for the programs success.**

Enable Others To Act
- **Team Champions in BH, OB and Peds maintained the support with the program to continue its success.**

Model The Way
- **Develop staff skills, education and competency, promote confidence to sustain the program.**

Encourage The Heart
- **Celebrate successes with staff and providers at the hospital.**

Universal Screening for all mothers at the hospital
- **Develop and maintain distinct process for PPD screening with evidence based tool.**
- **Develop education to destigmatize/support all mothers.**